#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation,

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

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AND DESCRIPTION OF THE PARTY OF THE PARTY.	ACCIDENT STATEMENT	
Date Of Report	22/11/2018 11:25	
Date Of Accident	21/11/2018 22:00	
Exact Location Of Accident	STADIUM WALK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLX3152G	
Insured/Policyholder		
Name Of Registered Owner	TAN HOCK KENG	
NRIC No	S7718346I	
Email Address	SNAGDUDE77@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-96449577	
Alternative Phone No	OTHERS-96449577	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	VIOS-1.5 (A)	
Exact Purpose for which vehicle was being used time of accident	d at	
Are you claiming under your own insurance polifor repair to your vehicle?	icy NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AXA INSURANCE PTE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	CN883002	
Cover Note Number		
Driver		

TAN HOCK KENG Name of Driver NRIC No S7718346I 05/07/1977 Date Of Birth **INDOOR** Occupation 11/11/2003 Date Of Driving Pass

15 YEARS AND 0 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-96449577 Mobile Number

Fax Number

OTHERS-96449577 Contact Number

SNAGDUDE77@HOTMAIL.COM EMail Address

Address 503 SEMBAWANG ROAD #02-28

Postcode 757707

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 NAME:

: PAX 1

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

NO

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Remarks/ Reasons: FRONT

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SDK28R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver GOH ZUO FU NRIC/Passport Number S9427141Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan

#### SKETCH PLAN

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- Consent under the Personal Data Protection Act (PDPA)

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27/11/18

# Sketch Plan #2

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		Legend  Output  Vehicle Materia vol.
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
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DECLARATION  If we declare the forceoling particular many many many many many many many many	have a four men of black which will be for more than the	a ten young troot be made and with the meter and
16/11/		
Policyholder's Signature Date & Time	Oriver's Signature (if univer a not the policyholder)	Reporting Contre Personnel's Signature Name NRIC/FIN No.